



PATENT
Docket No.: 021628-000910US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

CHRISTOPHER QUINN et al.

Application No.: 10/799,931

Filed: March 12, 2004

For: PRESSURE TRANSMISSION
CATHETERS FOR IMPLANTABLE
PRESSURE SENSORS

Confirmation No.: 6832

Examiner: Robert L. Nasser

Art Unit: 3735

REQUEST FOR
CORRECTED
FILING RECEIPT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached is a copy of the official Filing Receipt received from the Patent and Trademark Office in the above-noted application for which issuance of a corrected filing receipt is respectfully requested.

There is an error in the second Applicant, Shipkowitz' last name is spelled incorrectly as **Shipowitz** and should read as follows: **Shipkowitz**

See the attached copy of page 2 of the Application Data Sheet as filed with the application which shows the correct spelling of Applicant Tanya Shipkowitz' name. Attached also is a copy of the mark up Filing Receipt showing the change.

CHRISTOPHER QUINN et al.
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Page 2

PATENT

The correction is not due to any error by applicants and no fee is due.

Respectfully submitted,

A handwritten signature in black ink that reads "David Slone". The signature is written in a cursive, flowing style.

David N. Slone
Reg. No. 28,572

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60958648 v1



UNITED STATES PATENT AND TRADEMARK OFFICE

021628-00910US

RL, PA

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
107799,931	03/12/2004	3736	0.00	021628-000910US	14	35	5

CONFIRMATION NO. 6832

FILING RECEIPT



OC000000013522800

20350
 TOWNSEND AND TOWNSEND AND CREW, LLP
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Date Mailed: 08/12/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

Christopher Quinn, Minneapolis, MN;
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 Soon Park, Tiburon, CA;
 Seog Jae Lee, Residence Not Provided;

Assignment For Published Patent Application

Transoma Medical, Inc., St. Paul, MN;

Domestic Priority data as claimed by applicant

This application is a CIP of 10/077,566 02/15/2002
 and claims benefit of 60/454,823 03/12/2003

Foreign Applications**If Required, Foreign Filing License Granted: 05/28/2004****Projected Publication Date: Request for Non-Publication Acknowledged****Non-Publication Request: Yes****Early Publication Request: No****** SMALL ENTITY ******Title**

Pressure transmission catheters for implantable pressure sensors

Preliminary Class

600

**LICENSE FOR FOREIGN FILING UNDER
Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15**

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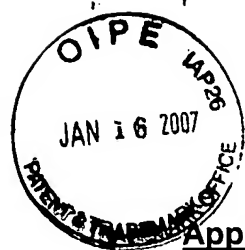
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Application Data Sheet

Application Information

Application number:: 10799931

Filing Date:: March 4, 2004

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: PRESSURE TRANSMISSION CATHETERS FOR
IMPLANTABLE PRESSURE SENSORS

Attorney Docket Number:: 021628-000910US

Request for Early Publication:: No

Request for Non-Publication:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 14

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
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Middle Name::
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State or Province of Residence:: MN
Country of Residence:: US
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City of Mailing Address:: Minneapolis
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55401

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Country of Residence:: US
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Postal or Zip Code of mailing address:: 55105

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State or Province of mailing address:: MN
Country of mailing address:: US
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Middle Name::
Family Name:: Stofer
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State or Province of Residence:: MN
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City of Mailing Address:: Woodbury

State or Province of mailing address:: MN
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State or Province of Residence:: MN
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Country of mailing address:: US
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Applicant Authority Type:: Inventor
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Family Name:: Lambert
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State or Province of mailing address:: MN
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Country of mailing address:: US
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State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55304

Applicant Authority Type:: Inventor
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Status:: Full Capacity
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Middle Name::
Family Name:: Park
Name Suffix::
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Country of Residence:: US
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City of Mailing Address:: Tiburon
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94920-2001

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Status:: Full Capacity
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Middle Name::

Family Name:: Lee

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part	10/077,566	02/15/02
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/454,823	03/12/03

Foreign Priority Information

Country::	Application number::	Filing Date::
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Assignee Information

Assignee Name:: Transoma Medical, Inc.

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City of mailing address:: St. Paul

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55126